

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

TECH CENTER 1500, 2900

AUG 23 2001

RECEIVED

Applicant: Robert J. LEVY *et al.*

Title: **REVERSE GENE THERAPY**

Appl. No.: 09/487,851

Filing Date: January 19, 2000

Examiner: Q. Janice Li

Art Unit: 1632

AMENDMENT TRANSMITTAL

Commissioner for Patents
Washington, D.C. 20231

Sir:

Transmitted herewith is an Amendment in reference to the above-identified application.

☐ Small Entity status under 37 C.F.R. § 1.9 and § 1.27 has been established by a Small Entity statement previously submitted.

☐ Small Entity statement is enclosed.

☒ No fee is required for additional claims as calculated below:

	Claims As Amended		Previously Paid For		Extra Claims Present		Rate		Additional Claims Fee
Total Claims:	42	—	64	=	0	x	\$18.00	=	\$0.00
Independents:	1	—	3	=	0	x	\$80.00	=	\$0.00
First presentation of any Multiple Dependent Claims:						+	\$270.00	=	\$0.00
CLAIMS FEE TOTAL:									\$0.00

☒ Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

<input type="checkbox"/>	Extension for response filed within the first month:	\$110.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the second month:	\$390.00	\$0.00
<input checked="" type="checkbox"/>	Extension for response filed within the third month:	\$890.00	\$890.00
<input type="checkbox"/>	Extension for response filed within the fourth month:	\$1,390.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the fifth month:	\$1,890.00	\$0.00
EXTENSION FEE TOTAL:			\$890.00
CLAIMS AND EXTENSION FEE TOTAL:			\$890.00
<input type="checkbox"/>	Small Entity Fees Apply (subtract 1/2 of above):		\$445.00
TOTAL FEE:			\$445.00

☒ A check in the amount of \$445.00 is enclosed.

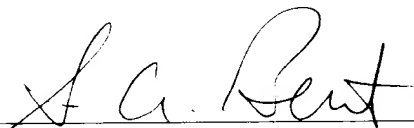
☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date: August 20, 2001

By



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